

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25832
STATE FILE NUMBER

FILED AUG 7 1957

Registration District No. 305 Primary Registration District No. 6076 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY St. Charles			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Callaway-Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wentzville R.R.		Length of stay in lb 76 Yrs		d. STREET ADDRESS Wentzville R.R.	
3. NAME OF DECEASED (Type or print) Minnie <i>First</i> Emma <i>Middle</i> Moellering <i>Last</i>			4. DATE OF DEATH July 28 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 13, 1880		9. AGE (In years last birthday) 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) St. Charles Co. Mo.	
13. FATHER'S NAME Fred Moellering			14. MOTHER'S MAIDEN NAME Elizabeth Moun		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None		17. INFORMANT Anna Clark Address Wentzville, Mo. R.R.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiovascular Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertension DUE TO (c) Prophy PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 443X					INTERVAL BETWEEN ONSET AND DEATH 6 months 3 years 3 months
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		CITY COUNTY STATE	
21. I attended the deceased from Jan 1954 to July 1957 and last saw her July 27-57 Death occurred at on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE [Signature]		22b. ADDRESS Wentzville Mo		22c. DATE SIGNED 7-29-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 30, 1957		23c. NAME OF CEMETERY OR CREMATORY St. Paul Lutheran	
23d. LOCATION (City, town, or county) New Melle, Mo.		23e. DATE RECD. BY LOCAL REG. Aug 1 1957		23f. REGISTRAR'S SIGNATURE [Signature]	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harold O. Keasler

Licensed Embalmer No. 4

P. O. Address Wentz

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.